

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. *99200* Office of Registrar of Vital Statistics. Ward *19*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 11th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Gustava Le Favour*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *42* Years, *-* Months, *-* Days.

Color, *white*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Widow*

Occupation, *Reporter*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Balto*

Duration of Residence in the City of Baltimore, *-*

Place of Death, { Give Street and Number. } *1523 W. Lexington*

Cause of Death, { First (Primary), Second (Immediate), } *Pulmonary Consumption*

Duration of Last Sickness, *2 or 3 years.*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *13th Apr 87*

{ Undertaker, *New York* } *Chas L. Nicholson* M. D. Medical Attendant.

{ Place of Business, *Park St* } Address, *707 St Lombard*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore.

Permit No. 99201 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chia Cornish

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 85 Years, _____ Months, _____ Days

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. } Widow ✓

Occupation, Virtual

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and Number. } #21 Hughes St West

Cause of Death, { First (Primary), Old age }
{ Second (Immediate), Exhaustion }

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, April 12 1887

{ Undertaker, J. McChase }
{ Place of Business, 641 Howard St } Address, 144 Calverton

Medical Attendant, Geo. J. P. ... M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

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Registrar of Vital Statistics
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 g the burial, within *twenty-four hours* after
 APR 13 1887
 CAN BE OBTAINED WITHOUT A PROPER C
 BALTIMORE MD.
 STATE OF DEAR

B

Apr. 12th 1887

George James Mehlman

Age, _____ Years, 4 Months, 6 Days.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not }
required in this line. }

Birthplace, { State or country, and how }
 { long in the United States, }
 { if of foreign birth. }

Balto. Ma
Lifetime

1102 *Hisquilt St.*

Supposed to have been cold

Oedema Flottida's

All the above information should be furnished by the Physician.

but once —

Dr. Burke Boyle M. D.

Medical Attendant

Address.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99203

Office of Registrar of Vital Statistics.

Ward 17⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 2 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Buchheit

Sex, Male or Female, { Cross out the word not required in this line. } (Buchheit)

Age, 2 Years, 8 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balk

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give Street and Number. } 1510 L. Johnson St

Cause of Death, { First (Primary), Second (Immediate). } Lesion of Brain

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Balk Cem

Date of Burial, April 14 2 O'clock

Undertaker, B. Hark Richard B. Hark M. D.

Medical Attendant.

Place of Business, 822 Neal St Address, 378 Hammond St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th / 87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta S. Ironmenger

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 36 Years, Months, Days.

Color, white Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all his Life

Place of Death, { Give street and number. } 1227 Greenmount Av

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) }

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 14th

{ Undertaker, Geo Schilling

{ Place of Business, Ashland Square

Frank M. Gurnon M. D.
Medical Attendant.

Address 322 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99205 Office of Registrar of Vital Statistics. Ward 7 ¹¹/₁

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CERTIFICATE OF DEATH.

Date of Death, April 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lacy W. Casey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 49 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 1403 E. Biddle St

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, About one year before I only attended her in the last throes

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 15th

{ Undertaker, Geo Schilling } W. B. Billinger M. D. Medical Attendant.

{ Place of Business, Ashland Square } Address, 1206 E. Preston St

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99206 Office of Registrar of Vital Statistics.

Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary W. Bunde

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 9 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Boat. med

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1003 E. Broadway Ar.

Place of Death, { Give Street and Number. } 1003 E. Broadway Ar.

Cause of Death, { First (Primary), Second (Immediate), } Meningitis
Asphyxia
10 da

Duration of Last Sickness, 10 da

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 13th 1887

Undertaker, Henry L. Mearns M. D.

Place of Business, 413 E. Fayette St Address, McGee & Laurens St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99207 Office of Registrar of Vital Statistics.

Ward 11th

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CERTIFICATE OF DEATH.

Date of Death, April 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Fidy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 43 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, Twenty one years

Place of Death, { Give Street and Number. } No 815 N Calvert St - new bn

Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, April 14 1887

{ Undertaker, Geo P Byrnes } Wm Whitridge M. D.
 { Place of Business, Federal } Address, _____
 { } Medical Attendant.

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[OVER.]

Board of Health, City of Baltimore.

Permit No. 99208

Office of Registrar of Vital Statistics.

Ward 2

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CERTIFICATE OF DEATH.

Date of Death, April 11th 1887

Full Name of Deceased, Irene Jackson

Sex, Male or Female, Female

Age, 2 Years, Months, Days

Color, Black

Married, Single, Widow or Widower, Single

Occupation

Birthplace, Baltimore City

Duration of Residence in the City of Baltimore, 1 1/2 years

Place of Death, 930 Little Pine St

Cause of Death, Phthisis Pulmonalis

and Disease of Mitral Valve

Duration of Last Sickness, About two months

Place of Burial, Sharp St Cemetery

Date of Burial, April 14 1887

Undertaker, William S. Dungee

Place of Business, 150 East St

A. H. Bond

M. D.

Medical Attendant.

Address, 311 E Biddle St

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 99209 Office of Registrar of Vital Statistics.

Ward 13th

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CERTIFICATE OF DEATH.

Date of Death, 11 April 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Edeler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 Years, 6 Months, — Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigarmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} 926 Hollins St.

Cause of Death, {First (Primary), Dilatation of Heart
Second (Immediate), Cardiac Failure}

Duration of Last Sickness, Attended him but 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, April 14 1887

Undertaker, Jas B. Clark

Place of Business, 1003 N. Baltimore St.

B. F. Leonard M. D.
Medical Attendant.

Address, 343 N. Charles St.

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[OVER.]